

**Mass Vaccination Area #40  
Eastern Highlands Health District**

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**H1N1 Vaccine Administration Plan  
September 24, 2009**

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## Introduction

This plan addresses the current situation with H1N1 Influenza and outlines vaccine distribution, administration and data collection strategies. It is an annex to the Eastern Highlands Health District - PANDEMIC INFLUENZA RESPONSE PLAN – 2008, which is an appendix to the EHHD Public Health Emergency Response Plan - 2007, itself an attachment to the local municipal Emergency Operations Plan for each town in the District.

In April 2009, the first cases of a novel Influenza virus (H1N1) were identified in the United States. In June 2009, the World Health Organization upgraded the worldwide alert to Phase 6, the pandemic phase. Phase 6 is characterized by community level outbreaks in at least two countries. Designation of this phase indicated that a global influenza pandemic was now underway. In response to the above, the Centers for Disease Control and Prevention (CDC) began the process of epidemiology, planning and contracting for the production of a vaccine to combat the influenza virus.

In the fall of 2009, two different types of influenza vaccine are expected to be recommended by the CDC for targeted groups of persons in the United States: a seasonal influenza vaccine and a separate vaccine, solely for protection from the novel H1N1 virus that emerged in the spring of 2009. The CDC anticipates the vaccine to be licensed and ready for distribution by the mid October of 2009.

## Planning Assumptions

### A. General Assumptions

Mass Vaccination Area #40 (Eastern Highlands Health District) will follow the response approaches and guidelines developed by federal government acting through HHS and/or the CDC, as well as the plans developed by the Connecticut DPH for distribution of the H1N1 vaccine.

The CDC, with guidance from the Advisory Committee on Immunization Practices (ACIP), has identified priority populations for dispensing the limited, early vaccine supply. The Mass Vaccination Area #40 (Eastern Highlands Health District) will use the CDC and Connecticut DPH guidance and recommendations as the basis for District activities.

### **The ACIP has made the following four recommendations about use of influenza A (H1N1) 2009 monovalent vaccine<sup>1</sup>:**

- 1) The number of doses of vaccine required for immunization against novel influenza A (H1N1) has not yet been established. Because vaccine availability is expected to increase over time, vaccine should not be held in reserve for patients who already have received one dose but might require a second dose.
- 2) Simultaneous administration of inactivated vaccines against seasonal influenza and novel Influenza A (H1N1) viruses is permissible if different anatomic sites are used. However,

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<sup>1</sup> "Use of Influenza A(H1N1) 2009 Monovalent Vaccine, Morbidity and Mortality Weekly Report, August 21, 2009/Vol. 58

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simultaneous administration of live, attenuated vaccines against seasonal and novel influenza A (H1N1) virus is not recommended.

- 3) All persons currently recommended for seasonal influenza vaccine, including those aged  $\geq 65$  years, should receive the seasonal vaccine as soon as it is available. Recommendations for use of the 2009 -10 seasonal influenza vaccine have been published previously.
- 4) Vaccination efforts should focus initially on persons in five target groups whose members are at higher risk for influenza or influenza-related complications, are likely to come in contact with influenza viruses as part of their occupation and could transmit influenza viruses to others in medical care settings, or are close contacts of infants aged  $< 6$  months (who are too young to be vaccinated). In the event that vaccine availability is unable to meet initial demand, priority should be given to a subset of the five target groups

Other general planning assumptions based on CDC and Connecticut DPH Recommendations include:

- 1) Priority groups will be vaccinated sequentially, in other words, all persons in a given tier (and priority within a tier, if any) will receive one dose before the next rank and tier will begin vaccination. (See Attachments – Figure 1 - 2)
- 2) The federal government will procure and distribute H1N1 pandemic vaccine to the state for redistribution, at “no cost” to those being vaccinated.
- 3) Federal and/or state funding will be available to reimburse local health providers for administration fees of this vaccine. CDC will determine the fee structure.
- 4) Local providers may seek reimbursement from insurers for vaccine administration.
- 5) The CT - DPH will receive a vaccine allocation based on Connecticut’s proportion of the U.S. population (about 3.5 million doses or 1.159% of the national supply).
- 6) Based on the three vaccine possible supply scenarios, Connecticut may receive an initial shipment of 463,706 doses (based on a supply of 40 million doses available nationally), or 927,413 doses (based on a supply of 80 million doses available nationally) or 1,854,825 doses (based on a supply of 160 million doses available nationally).
- 7) Additional weekly allocations to Connecticut will be made as follows: 115,927 doses (based on 10 million doses nationally), 231,853 doses (based on 20 million doses nationally), or 347,780 doses (based on 30 million doses nationally).
- 8) Based on these three scenarios for initial allocations of vaccine supply, Mass Vaccination Area #40 (Eastern Highlands Health District) may receive 10,665 doses (based on 40 million doses nationally), 21,330 doses (based on a supply of 80 million doses available nationally) or 42,660 doses (based on a supply of 160 million doses)
- 9) Additional subsequent weekly allocations to Mass Vaccination Area #40 (Eastern Highlands Health District), based on the three initial vaccine supply scenarios noted above would result in: 2666 doses (10 million doses nationally), 5332 (20 million doses nationally), or 7998 (30 million doses nationally).
- 10) Vaccination will occur at the local level, with minimal disruption to public daily activities.
- 11) The vaccine will be a licensed product, so there will be no need for Investigational New Drug (IND) efforts or Emergency Authorization Use (EAU).

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- 12) Two doses of H1N1 vaccine may be needed with receipt of the second dose 3 or more weeks after the first dose.
- 13) An Immunization record card will be provided to recipients who receive H1N1 vaccine for the purpose of documenting vaccination and also to serve as a reminder that a second dose of H1N1 vaccine is needed to complete the series. Immunization record cards will be provided separately by CDC along with ancillary vaccination supplies (needles, syringes, alcohol wipes, sharps containers, etc.)
- 14) Vaccine supply will be limited at the beginning but will increase as time goes on. The vaccination process will be an on-going event lasting over several months, with the entire Mass Vaccination Area #40 (Eastern Highlands Health District) population eventually being offered the vaccine.
- 15) Eastern Highlands Health District and the DPH will approach this vaccination effort as a non-emergency event. As such, there will not be a declaration of civil emergency by the Governor's Office, and Eastern Highlands Health District will follow all existing statutory and regulatory requirements for the State of Connecticut.
- 16) While Eastern Highlands Health District and the DPH blend elements from both the DPH Public Health Emergency Mass Vaccination Plan and the DPH Pandemic Plan, the approach will be to develop an enhanced version of the existing plans for Mass Dispensing and seasonal flu vaccinations. Mass Vaccination Area #40 (Eastern Highlands Health District) will use a combination of public and private assets to complete the mission.
- 17) DPH will develop an enrollment and ordering process for vaccinators who will be using the vaccine.
- 18) DPH will encourage health care providers to register with the DPH Immunization Program to become dispensers for the H1N1 vaccine. Registration and order forms will be provided to all health care providers. The Eastern Highlands Health District will strongly encourage local providers to enroll and participate in the vaccine-dispensing plan.
- 19) Once enrolled in the H1N1 Vaccine Program, providers will be able to order vaccine directly from the DPH Immunization Program. Orders from providers for vaccine will be sent to distributors who will ship the vaccine directly to the provider. The minimum order will be in 100 vial lots. There will be no cost for the vaccine. The DPH Immunization Program will also notify the Eastern Highlands Health District staff on shipments to providers within the District.
- 20) Vaccine will be distributed predominately in 10 dose (.5ml) vials. A smaller portion of the vaccine will be in pre-loaded syringes and a live attenuated nasal spray formulation.
- 21) CDC will provide ancillary vaccination supplies such as alcohol wipes, needles, syringes, Immunization Card, blanks, and sharps containers. Ancillary supplies will be shipped directly to providers, prior to their receipt of the vaccine. Mass Vaccination Area #40 (Eastern Highlands Health District) will utilize supplies from its supply cache to supplement any ancillary supplies provided by CDC. (See Appendix 1 for a listing of available ancillary supplies.)

- 22) The number of vaccine doses administered by all providers must be reported to CDC on a weekly basis, along with minimum data elements, in aggregate form by a means yet to be determined.
- 23) Each vaccinator will be required to report any Adverse Events from vaccination to a DPH or CDC designee.
- 24) Consistent with past vaccination efforts, the Eastern Highlands Health District will work closely with the CT DPH, CDC, and other Local Health Departments to develop a Crisis Emergency Risk Communications plan.

### **B. Initial Target Groups During Limited Vaccine Availability**

The following Priority Target-Groups have been identified by CDC/ACIP as the first groups of individuals to receive the vaccine based on an adequate supply:

- Pregnant Women
- Household contacts of infants <6 months of age
- Health Care Workers and Emergency Medical Services personnel with direct patient exposure
- Infants and toddlers
- Persons 3 – 24 years of age
- Persons of 25 – 65 years of age with high-risk medical conditions

These six target groups comprise an estimated 159 million persons in the United States. This estimate does not accurately account for persons who might be included in more than one category (e.g., a health-care worker with a high-risk condition). Mass Vaccination Area #40 (Eastern Highlands Health District) and providers should begin vaccination of persons in all these groups as soon as vaccine is available. If the supply of the vaccine initially available in Connecticut is adequate to meet demand for vaccination among the five high priority groups listed below, this full list of initial target groups will receive priority for vaccination until vaccine availability increases.

### **C. High Priority Subset Groups During Limited Vaccine Availability**

Current projections of initial vaccine supply indicate the need for establishment of a subset of the six initial target groups. The following five High Priority Target-Groups have been identified by CDC/ACIP as the first groups of individuals to receive the vaccine based on a limited supply:

- Pregnant Women
- Household contacts of infants <6 months of age
- Health Care Workers and Emergency Medical Services personnel who have direct patient exposure
- Children between the ages of 6 months and 4 years of age
- Children with high medical risk conditions <19 years of age

This subset of the six target groups comprises approximately 42 million persons in the United States. Mass Vaccination Area #40 (Eastern Highlands Health District) and area providers will give priority to this subset of the five target groups only if vaccine availability is too limited to initiate vaccination for all persons in the initial target groups.

#### **D. Expanding Vaccination Efforts Beyond Initial Target Groups**

Decisions about expanding vaccination to include additional populations beyond the initial target groups will be made at the local level because vaccine availability and demand might vary considerably by area. Once Mass Vaccination Area #40 (Eastern Highlands Health District) and private providers are meeting the demand for vaccine among the persons in the initial target groups, vaccination should be expanded to all persons aged 25--64 years. Decisions about expanding or establishing priorities for vaccination will be made in accordance with local circumstances based on the judgment of state and local health officials and health-care providers. The CDC and other public health agencies will assess the vaccine supply on a continuing basis throughout the manufacturing period. Additionally, the CDC, state, and local health authorities will inform private providers and the general public as soon as possible if any indication exists of a substantial delay or an inadequate supply.

Current studies indicate the risk for infection among persons aged  $\geq 65$  years is less than the risk for persons in younger age groups. Expanding vaccination recommendations to include adults aged  $\geq 65$  years is recommended only after assessment of vaccine availability and demand at the local level. Once demand for vaccine among younger age groups is being met, vaccination should be expanded to all persons aged  $\geq 65$  years. This recommendation might need to be reassessed as new epidemiologic, immunologic, or clinical trial data warrant and in the context of global need for vaccine.

### **Concept of Operations**

#### **A. OVERVIEW**

Eastern Highlands Health District, a Mass Dispensing Area Lead, will coordinate, collaborate and communicate with local community health care providers for their respective area, to develop and carry out an H1N1 Influenza Distribution Plan, in concurrence with state and federal plans. The Eastern Highlands Health District Novel H1N1 Influenza Plan for Allocation of Vaccine in Mass Vaccination Area #40 will guide efforts locally.

#### **B. ALLOCATIONS**

Allocations to vaccinating agencies and health care providers will be determined by DPH subject to approval from the Governor. The DPH will retain the authority to redistribute allocations after initial distribution based on supply and the course of the pandemic.

The State Immunization Program will initiate a pre-registration process for all licensed immunization providers within the Mass Vaccination Area #40 (Eastern Highlands Health District) interested in administering H1N1 vaccine. There is no cost to providers to pre-register, and registered providers are not committed to provide vaccine, but they will be engaged in the

process and receive email updates and vaccine planning information. The State Immunization Program, Pre-registration Office will collect the shipping and contact information necessary for the distributor (McKesson) to ship vaccine directly to individual providers.

The H1N1 vaccine may also be allocated and made available directly to registered local providers including Eastern Highlands Health District, various visiting nurse associations, private physician offices, OB/GYN practices, pediatric practices, Community Health Centers, commercial mass vaccinators (i.e. Maxim, Flu Busters, etc.), and School Based Health Centers as it becomes available. Each location may order and receive weekly allocations of H1N1 vaccine based on doses made available to the state.

As H1N1 vaccine becomes available providers will order vaccine through the DPH Immunization Program's Vaccine Order Form. Private providers will be able to order vaccine on a weekly basis for the duration of the pandemic. Vaccine orders will be processed by the DPH Immunization Program staff daily and transmitted electronically to a third party distributor for shipment. A reference electronic copy of the shipping manifest will also be sent to the Eastern Highlands Health District.

**C. VACCINE TYPE AND TARGET GROUPS**

The Population of the State of Connecticut is 3.4 million persons. Under limited supply conditions, it is expected that Connecticut will receive 463,706 doses (based on an initial national supply of 40 million doses.)

Other planning scenarios could include a possible initial allocation of 927,413 doses based on an initial supply of 80 million doses nationally and a possible initial allocation of 1,854,825 doses - based on an initial supply of 160 million doses nationally.

Within Mass Vaccination Area #40 (Eastern Highlands Health District) the population is 80,303 persons. Based on a limited supply of the vaccine being available, Mass Vaccination Area #40 including local private providers could receive an **initial allocation of approximately 10,665 doses** for dispensing to the identified target groups. The vaccine would be shipped by McKesson directly to registered providers (vaccinators) for use with the following **high priority** populations:

High Priority Populations	Estimated Number of Individuals in MDA #40
Pregnant women	1440
Household contacts of infants <6 mo. of age	3040
Health Care Workers and EMS	2100
Children 6 mo. – 4 years	3350
Children with high risk medical conditions < 19 yrs of age	2040
Total	11,862

Table 1

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Mass Vaccination Area #40 (Eastern Highlands Health District) including local private providers, based on an adequate supply of the vaccine being available, could receive an **initial allocation of approximately 42,660 doses** for the target groups. The vaccine would be shipped (by McKesson) directly to registered providers (vaccinators) for use with the following **priority** populations:

Priority Populations	Estimated Number of Individuals in MDA #40
Pregnant women	1440
Household contacts of infants <6 mo. of age	3040
Health Care Workers and EMS	2100
Children 6 mo. – 4 years	3350
Children 5 -18	14571
Persons 19 - 24	20000
Persons 25 – 64 yrs. of age with high risk conditions	7920
Total	49,071

Table 2

**D. IMMUNOGENICITY AND NUMBER OF DOSES**

Until the H1N1 pandemic vaccine strain is tested, it will not be known whether a second dose of vaccine will be needed to achieve immunity in vaccinated persons. The Connecticut DPH will provide guidance and recommendations established by the CDC Advisory Committee on Immunization Practices (ACIP) regarding H1N1 vaccine administration that will include the appropriate immunization schedule, dosage and contraindications.

If changes are made in the recommended number and timing of doses, information about vaccine administration will be communicated utilizing the Health Alert Network (HAN), the CT Flu Watch website ([www.ct.gov/ctfluwatch](http://www.ct.gov/ctfluwatch)), blast fax and will be reflected in any protocols for vaccination distributed by DPH and Eastern Highlands Health District.

Furthermore, the Eastern Highlands Health District will post on its website, up-to-date educational materials for staff and the public on second dose recommendations.

## **E. RECEIPT OF VACCINE**

All vaccine will be shipped directly to each provider's location. Up-to-date shipping information will be maintained by the Immunization Program's Vacman software application and provided to the Eastern Highlands Health District by DPH. The Immunization Program will send an electronic file with all provider orders to the 3rd party distributor and to the Eastern Highlands Health District on a daily basis, and receive a daily shipping log from the distributor on all orders sent out the previous business day.

The pre-registration process for licensed immunization providers for receipt of H1N1 vaccine will include vaccine storage and handling requirements which include the following details:

- 1) The vaccine must be stored in a refrigerator at between 35-46 F. Dormitory style refrigerators do not maintain consistent temperatures so vaccine will not be shipped to facilities with that type of unit.
- 2) DPH Immunization Program staff will be responsible for verifying that each location has a suitable storage unit and thermometer to record the temperature and is following standard vaccine storage and handling procedures.
- 3) Providers will be responsible for providing a secure location for storage.

## **F. TIMING**

The H1N1 influenza vaccination campaign will take place over many months. Vaccine is expected to be available in mid-October with vaccination efforts expected to continue into the following spring. Initially, demand is expected to exceed supply requiring careful control of vaccine distribution. Providers will need to vaccinate their patients based only on CDC priority group recommendations. (See Attachments Figures 1 & 2)

## **G. PRIORITIES FOR SHIPPING (DPH)**

Timing of vaccine shipments will logically follow the priority scheme for allocation. DPH will schedule vaccine shipments as follows:

- 1) First priority and recipients of shipped vaccine will be to acute care hospitals to ensure that the medical providers with direct medical care responsibilities (Tier 1, Priority 1) are promptly vaccinated.
- 2) The acute care hospitals will distribute vaccine to their own staff.
- 3) Second priority will be all other providers (the Eastern Highlands Health District, visiting nurse associations, private physician offices, OB/GYN practices, pediatric practices, family practice physicians, Community Health Centers (CHC), commercial mass vaccinators (i.e. Maxim, Flu Busters, etc.) and School Based Health Centers (SBHC) to ensure that all eligible persons are vaccinated. These providers would prioritize patients based on the Priority List in accordance with CDC guidance and vaccine recommendations.

## **H. COMMUNICATIONS**

The current structures and protocols noted in the state and the Eastern Highlands Health District Emergency Crisis Risk Communications Plans will be used to communicate content to the public explaining the rationale for vaccine distribution prioritization, when and where to go to be vaccinated, and the possible need for a second dose. This communications plan will include the following:

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- 1) A vaccination website providing vaccination information will be developed by DPH on the CT Flu Watch website ([www.ct.gov/ctfluwatch](http://www.ct.gov/ctfluwatch)) identifying priority populations, providing information on the vaccine, as well as any necessary documentation and where residents should go for vaccination. A link to this website will also be prominently posted on the DPH home page ([www.ct.gov/dph](http://www.ct.gov/dph)) and the Eastern Highlands Health District home page ([www.ehhd.org](http://www.ehhd.org))
- 2) The United Way 2-1-1 "hot-line" will be extensively employed by DPH to help inform the public and answer questions.
- 3) Media releases will be developed and coordinated with the state DPH PIO, and disseminated to media outlets and local stakeholders by the Eastern Highlands Health District Public Information Officer.
- 4) Thirty-second television and radio announcements will be developed by CT-DPH informing the public that a vaccine is now available and directing them to visit the vaccination website, call United Way 211, or contact their health care provider for information on how to get the vaccine.
- 5) DPH risk communication/public education materials and public service announcements are translated into several languages. A web site specifically for local health is established for downloading materials for use.
- 6) The Eastern Highlands Health District may utilize social media sites including Face book and Twitter.

The communications plan will identify six key populations to be addressed:

- 1) **Healthcare providers:** A letter identifying priority populations and vaccination information will be sent by DPH to all physicians licensed in the state of Connecticut. The letter will ask physicians to notify patients who are identified as members of a priority that a vaccine is available. An information sheet, which providers may reproduce, will be included with the letter to be given to priority patients.
- 2) **Priority populations:** Thirty-second television and radio announcements will be developed by DPH, informing the public that a vaccine is now available and directing them to visit the vaccination website, call United Way 2-1-1, or contact their health care provider for information on how to get the vaccine.
- 3) **Parents of school-aged children:** The DPH will provide a letter to the State Department of Education and Connecticut Association of Independent Schools identifying priority populations for vaccination and providing vaccination information.
- 4) **Child day care providers:** A letter with vaccination information will be sent to all child day care centers/group day care homes and family day care homes by DPH. A parent letter will also be provided by DPH that programs can share with parents, which will contain general information and inform them on who to contact to be vaccinated (local health department or private practitioner). The letter to day care centers/group day care homes will advise them that they may be contacted with an opportunity to become a vaccination site. A notice will be provided by DPH concerning utilizing licensed child day care centers/group day care homes as potential vaccination sites.
- 5) **Special needs populations as identified by local health departments:** Within the Mass Vaccination Area #40, the Eastern Highlands Health District will be responsible for

“reaching out” to their special needs populations as identified in their Mass Dispensing plans.

- 6) **General public:** Thirty-second television and radio announcements will be developed by DPH informing the public that a vaccine is now available and directing them to visit the vaccination website, call United Way 2-1-1, or contact their personal Health Care Provider for information on how to get the vaccine.

## **I. RECORDKEEPING AND VACCINE TRACKING**

DPH will provide those administering vaccine with a data collection form to use in collecting the required data fields for each person receiving H1N1 vaccine. It will also capture information about those not vaccinated due to contraindications. Each vaccination location will collect the required data and forward the data collection forms to DPH or other designated locations for data entry. The method and form of transmission will be determined as best suits each location’s needs, and may include email, courier, fax, etc.

Data will be entered by DPH into the Maven software application either by direct manual entry or by using scanners and OCR software from scan forms to directly populate data fields into Maven. Maven will be used to generate reports, including the aggregate reports required by CDC.

Critical and minimal data elements that will be collected and transmitted to CDC will be identified as required and may include:

- 1) Vaccine type
- 2) Date of administration
- 3) Age group
- 4) Dose number (1st, 2nd)
- 5) Zip code (or Town, which can be assigned to a county for federal reporting)
- 6) Other information including priority groups as needed

All vaccine administrators will be required to use the designated data collection forms and report on a schedule determined by DPH during the H1N1 vaccination campaign. Data collected from vaccine administration may be used to assist DPH in vaccine inventory management as needed.

## **J. ADVERSE EVENTS MONITORING**

Vaccine safety will be monitored through the Vaccine Adverse Event Reporting System (VAERS). The Immunization Program monitors vaccine safety by ensuring that health care providers report suspected adverse events following vaccination through VAERS. DPH will provide all vaccination sites within Mass Vaccination Area #40 (Eastern Highlands Health District) with a copy of state policies on VAERS reporting, copies of the VAERS reporting form, instructions on which adverse events must be reported and which can be reported, and instructions on completing and submitting the form. The basic components of adverse events monitoring include:

- 1) Vaccine recipients will be passively monitored for adverse reactions to the vaccine. Providers will provide patients with instruction on identifying and seeking care for adverse reactions after leaving vaccination sites.
- 2) Vaccinators will be responsible for examination and care of persons with adverse events that occur immediately after vaccination (such as anaphylactic reactions).

- 3) Each health care provider and other vaccinators that provide immunizations are required to provide the individual and/or parent/guardian information for reporting possible adverse reactions following administration. This includes the provider telephone number as well as the vaccine information statement (VIS) for the specific vaccine being administered.
- 4) Reported vaccine reactions meeting adverse event criteria are to be submitted by all healthcare providers to the state Immunization Program on the Vaccine Adverse Event Reporting System (VAERS) form within 10 days of receipt of vaccine.
- 5) Adverse events related to the vaccine may be made a reportable condition by DPH for the duration of the pandemic.
- 6) DPH will use VAERS to report and investigate adverse events following vaccination with a H1N1 influenza vaccine.
- 7) DPH will review existing policies for vaccine adverse event reporting and follow-up to ensure the timeliness of reporting. DPH will work with private provider organizations and mass immunizers to report all adverse events to the state coordinator to minimize duplicate reporting of events to VAERS.
- 8) Adverse events will also be monitored by CDC through CDC's Vaccine Safety Datalink, and Clinical Immunization Safety Assessment (CISA) network.

## **ROLES AND RESPONSIBILITIES**

In general, these identified roles and responsibilities throughout the H1N1 Vaccine Distribution process are:

- Intended to clarify which activities will be performed by the state, local and community health partners through a coordinated H1N1 Influenza Vaccine Distribution Response.
- Consistent with Connecticut General Statutes for a non-emergency coordinated response.
- Consistent with HHS and CDC guidance, with the common overarching goals of reducing the impact of the pandemic on the health and well being of Connecticut residents while minimizing the disruption to society and the economy.

The following specific roles and responsibilities are either additional or are listed for purposes of reinforcing details:

### **A. The Connecticut Department of Public Health**

- 1) Will oversee the procurement of the H1N1 vaccine as it is made available by the manufacturers over several months, for distribution through multiple phases as the situation unfolds.
- 2) Will coordinate the distribution of the H1N1 vaccine through established systems so vendors will be able to transport vaccine directly to the appropriate community providers (i.e., hospitals, health care providers, or the Health District) in accordance with the CDC guidance to facilitate access for the specified priority groups.
- 3) Will monitor dispensing and provide recommendations for the appropriate administration of vaccine to priority groups in accordance with CDC recommendations.

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- 4) Will monitor and report vaccination distribution, tracking, inventory and adverse events data to CDC.

The following DPH programs will have particularly relevant responsibilities:

- Immunization Program will collaborate with the Communications Office regarding the status of the supply and distribution plan for the H1N1 Influenza Vaccine.
- Communications will prepare and distribute information for the public and responders.
- The IT Section will work with Immunization and Communications to provide needed support

### **B. Eastern Highlands Health District (Mass Vaccination Area #40)**

The Eastern Highlands Health District has an H1N1 Influenza Distribution Plan, (this document) as a component of its pandemic influenza vaccination plan, which is consistent with the state plan. This plan specifies procedures and methods consistent with those outlined in the state's H1N1 Influenza Vaccine Distribution Plan. The Health District will coordinate, collaborate and communicate with the local community health care providers and the DPH to further develop its H1N1 Influenza Distribution Plan in accordance with the state's plan as it evolves as to how the administration of vaccine to prioritized target populations is to be accomplished in a timely manner including:

- 1) Upon activation of Mass Dispensing Plans for Vaccines, the Mass Vaccination Area #40 (Eastern Highlands Health District) will receive, store, allocate, secure and monitor the use of any vaccine distributed to the District.
- 2) The Mass Vaccination Area #40 (Eastern Highlands Health District) will distribute its proportion of the state's allocations of the H1N1 Influenza Vaccine in a manner consistent with the state vaccine operations plan and the District's own plan.
- 3) The Mass Vaccination Area #40 (Eastern Highlands Health District) will follow the CT DPH's instructions on which dispensing strategies to employ as a vaccine dispensing event evolves.
- 4) The Mass Vaccination Area #40 (Eastern Highlands Health District) will communicate with its staff and volunteers on the rationale for priority groups and sub-groups, and the process for defining priority groups to for vaccination.
- 5) The Mass Vaccination Area #40 (Eastern Highlands Health District) will use the Incident Command Structure (ICS) and established communication channels to stay in contact with prioritized first responders and infrastructure personnel.
- 6) Consistent with local public health emergency plans, Mass Vaccination Area #40 (Eastern Highlands Health District) will direct the public to use the state-wide United Way 2-1-1 hotline and various websites (including the Health District website and District member town websites) to inform the public when groups are prioritized for vaccination, and where to go to get vaccinated.
- 7) The Mass Vaccination Area #40 (Eastern Highlands Health District) will coordinate the vaccination of individuals, through the use of vendor contracts, consistent with prioritized groups as listed in the state vaccine plan

- 8) The District and its contractors will use DPH specified data collection forms and return forms as required to DPH for processing.
- 9) The Mass Vaccination Area #40 (Eastern Highlands Health District) and its contractors will monitor vaccine-related adverse events and report on these events according to the state and federal guidelines.

**C. Community Healthcare Providers (i.e., physicians, OBGYN practices, pediatric practices, family practice physicians, Community Health Centers, School Based Health Centers and Visiting Nurse Associations [VNAs])**

Registered Community Health Care Providers will maintain the following standards:

- 1) Vaccination sites will maintain cold chain procedures for vaccine storage, security, and record keeping in accordance with this plan and any further instructions from DPH.
- 2) Inform their patients about the status of the vaccination campaign and the rationale for prioritization in accordance with DPH guidance.
- 3) Vaccinate individuals consistent with prioritized groups as listed in this state vaccine operations plan, and recommendations as the situation evolves.
- 4) Use DPH specified data collection forms and return forms as required to DPH for processing.
- 5) Follow and comply with state instructions on the monitoring and reporting of adverse events, which may be associated with vaccination.
- 6) In accordance with any changes in DPH instructions, the Mass Vaccination Area #40 (Eastern Highlands Health District) and/or its contractors will prepare and return to the unused vaccine immediately when requested.

**Community Clinics:**

Depending upon the response to the registration campaign by the state DPH for vaccinators from among community healthcare providers (i.e., physicians, OBGYN practices, pediatric practices, family practice physicians, Community Health Centers, and other community agencies and groups) in Mass Dispensing Region #40 (Eastern Highlands Health District) the Eastern Highlands Health District may be called upon to operate vaccination clinics in community venues and schools.

The purpose of this section of the plan is to provide direction and control for a Mass Dispensing Area #40 (Eastern Highlands Health District) response to an H1N1 outbreak, and to describe the logistical considerations that need to be in place for the administration of H1N1 vaccine for the Mass Vaccination Area #40, which encompasses the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington with a total population of 80,301 (2006 census projections). The Mansfield population includes the resident student population of the University of Connecticut main campus. The University of Connecticut will be responsible for vaccinating its student population, following the CDC/DPH guidelines.

**A. VACCINATION STRATEGY**

General Assumptions:

In the event that dispensing to priority groups by local Health Care Providers is not feasible or the response from local providers is less than required to meet the need, it may be necessary to

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operate community and/or school clinics to administer vaccine to priority groups. In such a case, and assuming that state and/or federal funding is available for vaccine administration, the Health District will coordinate Mass Dispensing clinics, by engaging independent contractors, such as a Visiting Nurse Association(s). Contractors will be required to adhere to H1N1 Plans developed by the CDC, DPH and the Eastern Highlands Health District (Mass Dispensing Area #40). The independent contractor(s) selected will have a demonstrated experience in the operation of health clinics in the community that vaccinate individuals, such as "Seasonal Flu" clinics. To meet the local needs, the Eastern Highlands Health District may utilize identified volunteers to supplement the contractor's staff, especially in non-medical positions. All clinic operations will utilize the Incident Command System.

1. Dispensing Strategy if there is a sufficient supply of vaccine initially:

- Active encouragement of broad-based private provider participation in vaccination efforts by promoting pre-registration.
- Engagement of VNA's to manage clinics at schools and other settings to target the 6 month through 18 year old age group with the goal to provide for two clinics or more to each school district pending available resources.
- Engagement of and coordination with UCONN Student Health Services to provide on-campus clinics for students and UCONN affiliated priority groups.
- Engagement of VNA's to manage community clinics targeting other priority groups as needed.
- Clinic scheduling and locations to be determined.

2. Dispensing Strategy if initial supply of vaccine is limited:

- Active encouragement of broad-based private provider participation in vaccination efforts. Focus recruitment efforts on area ob/gyn, pediatricians and family medicine practices.
- Engagement of VNA's to manage clinics for individuals in priority groups that have no primary provider or are uninsured.
- Referral of individuals in priority groups to participating Community Health Centers as needed.

3. Once demand for identified priority groups has been met:

- Continue active encouragement of broad-based, private provider participation.
- Engage VNA's to manage mass dispensing clinics as demand warrants.

## **B. CLINIC OPERATIONS**

For detailed operations see: Eastern Highlands Health District (Mass Dispensing Region# 40) Mass Dispensing Plan (Addenda p. 2) for staffing, clinic flow, throughput, etc.

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Clinic operations by Eastern Highlands Health District (Mass Dispensing Region# 40) may be scheduled at schools, senior centers, community centers, day care centers and other public buildings throughout the District (as needed and resources are available). Health District staff will coordinate clinic operations with clinic venues; utilize the Incident Command System to provide operational site controls; utilize staff or volunteers in non-medical roles where needed; coordinate vaccine transfer and security; and interface where needed with DPH in clinic operations. .

- To limit confusion and reduce bottlenecks, a “once-through” pattern will be used to process the patients each day.
- Patients will be brought into the clinic site in an orderly fashion by flow coordinators. General public/parent entry into a processing center will be through only one door secured by a law enforcement official. Parents, who wish to be present for vaccinations in schools, will be authorized by school personnel in cooperation with security officers.
- Flow coordinators will be located at key points to control the direction and the flow of personnel traffic.
- Signs and barricades will be posted along the processing route to limit access and provide direction to the next station.
- The flow will be in one continuous direction. “Back-tracking” will not be allowed as this could disrupt the movement of people.
- Restrooms will be marked for use in certain areas.
- Families, groups or school classes will be required to stay together.

## ATTACHMENTS

Eastern Highlands Health District (Mass Dispensing Region# 40)

**Table 1: Populations to be vaccinated and resources to perform vaccination**

Category	Target Group	Estimated Number*	Vaccinated By**	Possible Vaccination sites
Healthcare and community support services	Public Health Personnel	75	Local Health/VNAs	Local Health District Mass Dispensing sites
	Outpatient, Community Health Center and Home Health Providers	500	VNAs/Local Health	Agency, homes, Local Health District
	Healthcare providers in LTCFs	200	Long Term Care Providers	Long Term Care Facilities
Critical Infrastructure	Emergency Medical Service Personnel	500	VNAs, Local Health District, private providers	Schools, Local Health District, private providers
	Law Enforcement personnel Fire Service Personnel Key Government Leaders	100	VNAs, Local Health District, private providers	Local Health District, private providers offices
General Population	Pregnant women	1440	CHC, OB/GYN, Private providers	Private Practitioners' office***/Community health centers
	Infants & Toddlers 6-35 Mo. old	2600	Pediatric provider groups, CHCs, VNAs	Private Practitioners' offices, CHCs, Daycare facilities
Healthcare and community support	Community support and emergency mgmt.	150	LHD, VNAs	Local Agency sites
Critical Infrastructure	Electricity sector personnel	480	LHD/VNAs, private providers	Local public buildings, private provider offices
	Natural gas personnel	1000		
	Communications personnel			
	Water Sector personnel Critical government personnel			
Healthcare and Community Support	Other important healthcare personnel	150	VNAs, Local Health District	Local Provider offices, community sites
Critical Infrastructure	Transportation sector personnel	350 –	Mass Dispensing/VNAs/Maxim/Local Health	Local identified Mass Vaccination sites(schools, arenas)
	Food and agriculture sector personnel	880		

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	Banking and finance personnel Pharmaceutical sector personnel Chemical sector personnel Oil sector personnel Postal and shipping personnel Other important government personnel Funeral directors and embalmers			
General Population	Household contacts of infants < 6 mo	1400	Private Providers/ CHC	Private Providers Offices Community Health centers
	Children 3-18 yrs with high risk cond.	1640	Pediatric Providers/ schools/VNAs/ LHD	Schools, Day Care Centers, Private Practitioners Offices
General Population	Children 3-18yrs without high risk	14800	Schools/VNAs/LHD	Day Care Facilities Schools Community Health Centers
General Population	Persons 19-64 with high risk cond.	9100	Private Health Care Providers/VNAs/ Local Health Departments	Local Mass Vaccination sites (schools, large public buildings) Private Practitioner offices
General Population	Persons > 65 yrs old	9600	Mass Dispensing/VNAs/Local Health Departments	Local Mass Vaccination sites (schools, large public buildings)
General Population	Healthy adults 19-64 yrs old	30,800	UConn/VNAs/ Local Health Departments	Local Mass Vaccination sites (schools, large public buildings, UConn campus)

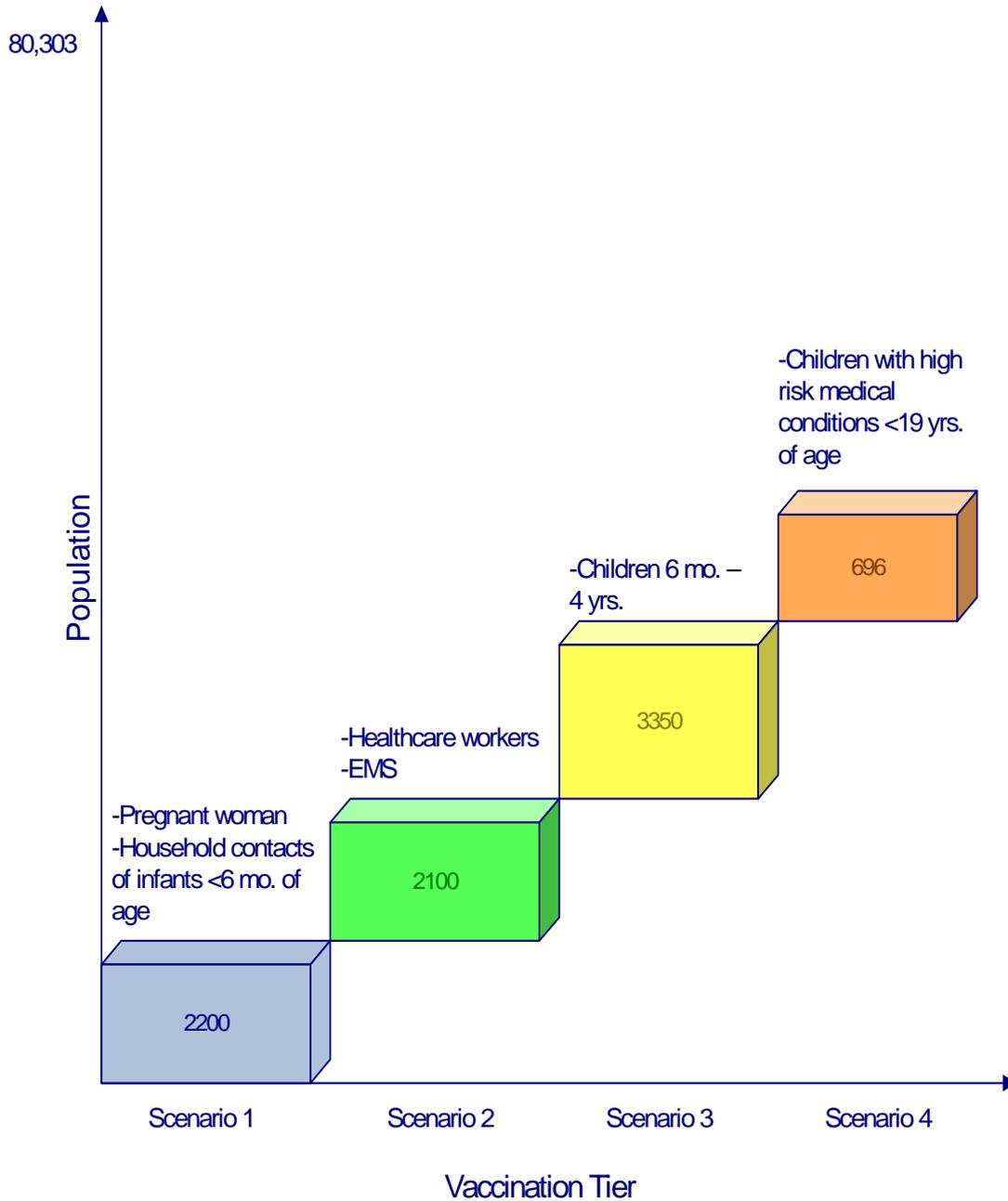
\* Based on numbers 2.3% Connecticut population

\*\* Follow state instructions on which dispensing strategy to employ, including prioritization and definitions of target groups for vaccination

\*\*\* Local Practitioners could work together to regionalize vaccination sites. Several practitioners would use offices to vaccinate multiple practitioners' patients

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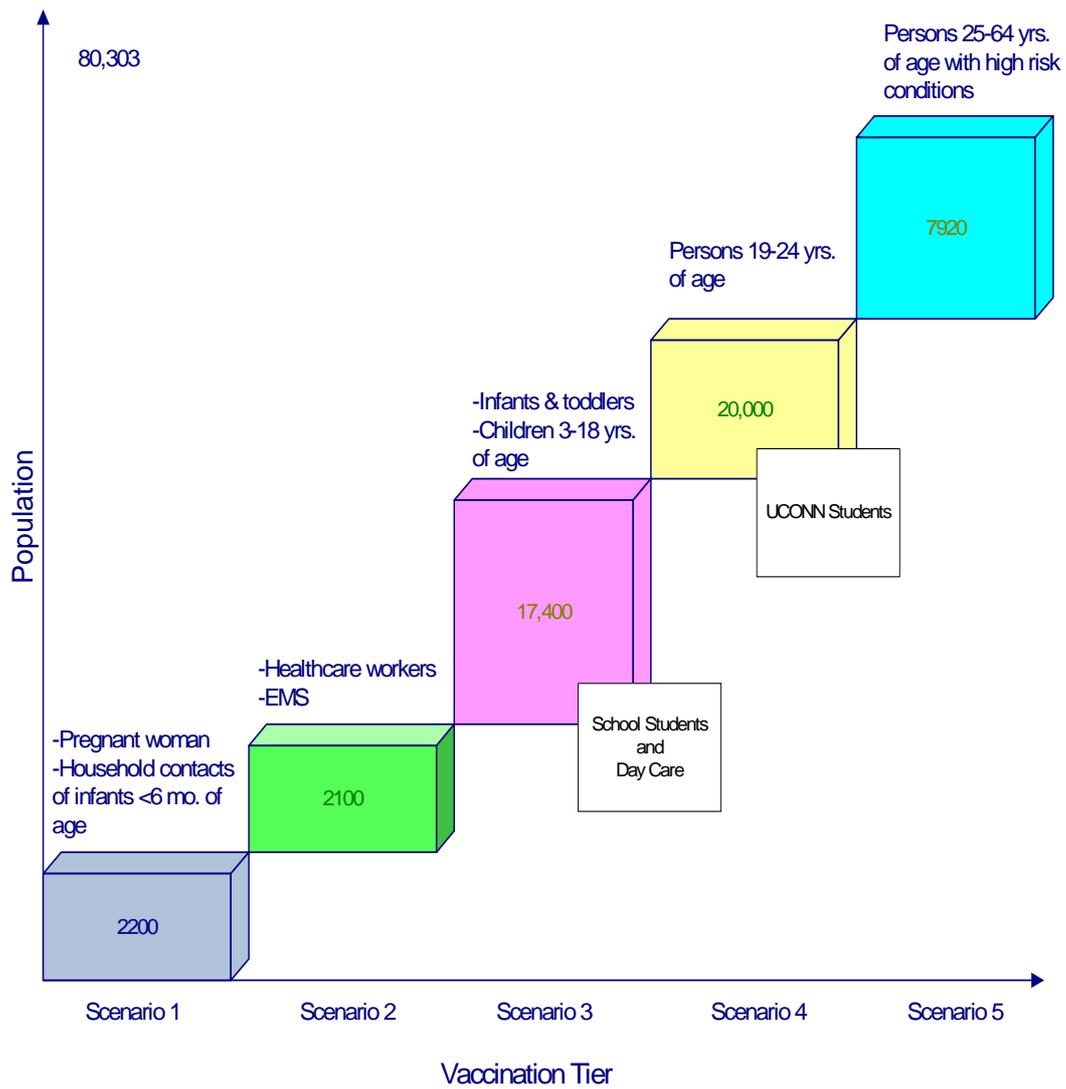
Figure 1: EHHD Priority Populations for Vaccination Based on Limited Supply According to CDC ACIP Sub-Group Planning Scenarios



\*EHHD Population group estimates

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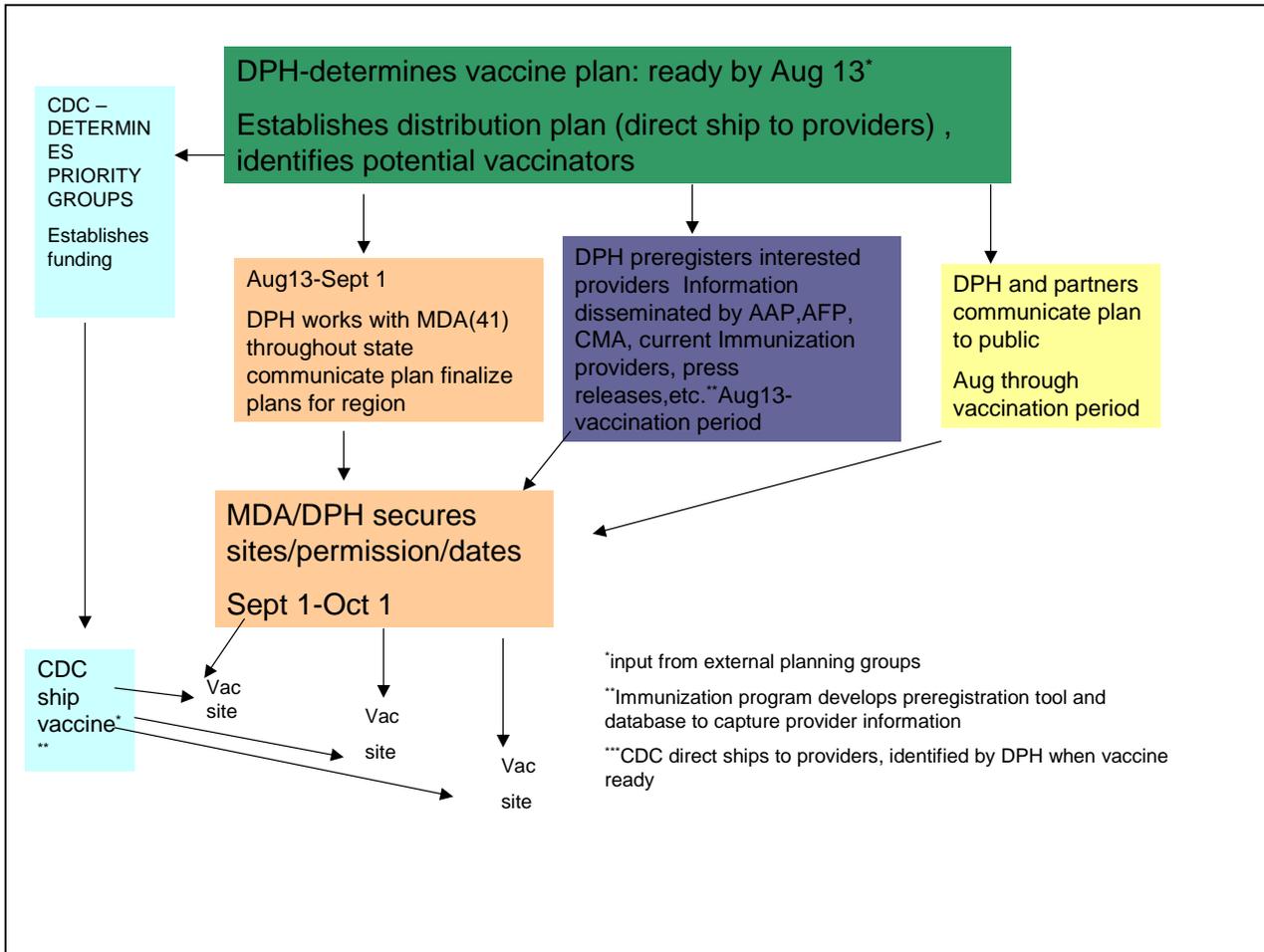
Figure 2: EHHD Priority Populations for Vaccination Based on Adequate Supply According to CDC ACIP Sub-Group Planning Scenarios.



\*EHHD Population group estimates

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Figure 3: CT Department of Public Health H1N1 Vaccine Delivery Schematic



**APPENDIX I.**

Eastern Highlands Health District

Ancillary Supply Inventory

**Cached as VMI at UCONN Student Health Services**

Supply Category	Amount/Number	Location
Refrigerated storage space for vaccine	25 cu. ft.	
Back-up Generator	Yes	
N-95 Masks – 3M 8210	500	
N-95 Masks – 3M 9210	500	
N-95 Masks – 3M 9211	50	
Surgical Masks, Ear loop	1000	
Sharps Containers	80 Containers	
Latex free gloves – small (100 per pack)	207 packs	
Latex free gloves – medium (100 per pack)	330 packs	
Latex free gloves – Large (100 per pack)	332 packs	
Latex free gloves – XL (100 per pack)	230 packs	
Hand washing Solution (24 bottles per case)	4 cases	
Gauze pads (200 per pack)	13 packs	
Band-Aids (100 per box)	540 boxes	
Adhesive Tape (6 rolls per pack)	8 packs	
Paper Gowns – disposable (50 per case)	5 cases	
Bleach solution spray bottles	24	
Red Bio-Hazard Trash Bags (200 per pack)	1	

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**Cached at Mansfield Schools Shop/EHHD Office**

Supply Category	Amount/Number	Location/Box
Allergy Labels (200 per roll)	1 roll	MSS
Badges – Volunteer (Pin-On – 50 per box)	1 box	MSS
Banner, Health District	1	EHHD Office
Batteries – various		MSS
Blackberry Phone	1	EHHD Office
Bio-Waste Bags	2 rolls	MSS
Blankets	150	MSS
Blankets (woven -wool)	14	MSS
Brown paper bags	500	MSS
Camera, Digital	3	EHHD Office
Clip Boards	25	MSS
Comfort Kits	300	MSS
Computer(s) IBM - Laptop	2	EHHD Office
De-humidifier	1	MSS
Dixie Cups 100 per box	1 box	MSS
DVD's – Entertainment	20	MSS
Easel	1	EHHD Office
Emergency Cots (Large)	50	MSS
EOC Kit (Mobile)	1	MSS
Emergency Cots (Regular)	100	MSS
Facial Tissues (12 boxes per case)	3 Cases	MSS
Flip-chart	1	EHHD Office
First Aide Kits (small)	2	MSS
Gloves (Exam) – non-latex, 100 per box	5 boxes - (undated)	MSS
Gowns, Disposable	2 boxes	MSS
Hand Sanitizers (12 bottles per box)	3 boxes	MSS
ICS – Command Vests (Blue)	50	MSS
LCD Projector	1	EHHD Office

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MEDSAT Radio/telephone DPH	1	EHHD Office
Megaphone – Electric – Battery	1	MSS
N – 95 Masks – large	40	MSS
N – 95 Masks – regular	80	MSS
N – 95 Masks – small	80	MSS
Napkin, Sanitary	2 packages	MSS
Needles, Bi-furcated	100+	MSS
Patient Privacy Screens	5	MSS
Personal Copier	1	MSS
Pillows (Disposable – 50 per case)	3 Cases	MSS
Pinneys (Red)	35	MSS
Pinneys (Green)	30	MSS
Pinneys (Navy)	12	MSS
Pinneys (White)	6	MSS
Portable Printer	1	EHHD
Power Strips	3	MSS
Radio, Emergency – Weather - Crank	1	EHHD Office
Radios, Hand held – Kenwood - matched	7	EHHD Office
Radios – Rapid gang charger - Kenwood	1	EHHD Office
Raid Jackets – Public Health	13	MSS
Signage (interior and exterior)	4 Boxes	MSS
Step stakes for signage (50 per case)	1 case	MSS
Space Blankets	1 case	MSS
Space Blankets (Disposable)	50	MSS
Surgical Masks, ear loop	150	MSS
Television – Adjustable cart – Emerson 13”	1	MSS
Thermometers – disposable	300	MSS
Trauma Bag (50 person)	1	MSS
Trauma Tags (25 per package)	5 packages	MSS
Wristbands (1000 per package)	3 packages	MSS

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**EHHD Distribution Response Plan**

Total MDA # 40 Population	80,301			
Priority Groups	Students	usage	Private Usage	MDA#40
Schools age 5 to 18 yrs (1)	11,221	8416	2946	5470
	<b>Children</b>	<b>usage</b>	<b>Private Usage</b>	<b>MDA#40</b>
Children 6 mos. - 4 yrs (2)	3350	2680	2412	268
	<b># children &lt; 6 mos.</b>	<b>#Close Contacts</b>	<b>Private Usage</b>	<b>MDA#40</b>
Household Contacts(3)		3040	2432	608
Infants <6 mos.	760			
		<b>usage</b>	<b>Private Usage</b>	<b>MDA#40</b>
Pregnant Women (4)	1440	1296	1166	130
Children 6 mos. - 18 yrs	14,571			
total high risk<age 19 (5)	2040	1836	1652	184
EMS (6)	540	432	389	43
Healthcare Workers (7)	1560	1404	1264	140
Persons 19 - 24 yrs (8)	20,000	19,000	950	18,050
Persons 25 - 64 (9) high risk	7920	6336	5702	634
	<b>Total Number</b>	<b>Total Usage</b>	<b>Total Private</b>	<b>MDA#40</b>
Scenario 1 - Highest Priority (In Red)	11,862	10,688	9315	1373
Scenario 2 - High & Highest Priority	49,071	42,604	17,261	25,343
Persons not in a priority group				
All other persons > 24 yrs (10)	31,230	15,615	7808	7808
		<b>**Total persons served by MDA#40</b>		<b>33,151</b>

Assumptions:

- (1) 75% of total students will receive H1N1 vaccine; of these, 35% will go to their health care provider (HCP), while the remaining 65% will use MDA#40.
- (2) 80% will receive the H1N1 vaccine; of these, 90% will go to their HCP, while the remaining 10% will use MDA#40.
- (3) Household contacts at 5 per child (including - parents, siblings, daycare providers, others); 80% will go to HCP, while the remaining 20% will use MDA#40.
- (4) 90% will receive the H1N1 vaccine; of these, 90% will go to their ob/gyn or HCP, while the remaining will use MDA#40.
- (5) 14% of children "high-risk" with 90% receiving vaccine; of these, 90% will go to the HCP, while the remaining will use MDA#40.
- (6) 80% will receive vaccine; of these, 90% will go to their HCP or occupational medical service provider while the remaining will use MDA#40.
- (7) 90% will receive vaccine; of these, 90% will go to employer/ HCP, while remaining will use MDA#40.
- (8) 95% will receive vaccine; of these, 5% will go to their HCP, while the remaining will use MDA#40.
- (9) 80% will receive vaccine; of these, 90% will go to their HCP, while the remaining will use MDA#40.
- (10) 50% will receive vaccine; of these, 50% will go to their HCP, while the remaining will use MDA#40.

\* DPH is currently projecting an initial mid October delivery of 400,000 to CT, with weekly allocation 180,000 there after. Assuming this allocation scenario, with a total population of 80,000, an initial allocation of 9200 doses may be available to enrolled MDA healthcare providers (public and private), with subsequent weekly allocations of 4,140 doses until all priority groups are addressed. Under this scenario, only tier 1 (scenario 1- highest priority groups in red) are recommended by the ACIP to receive vaccine. Data Sources: School age data is based on current school enrollments, Persons 19 -24 yrs data is based on consultation with UConn officials, the balance of the identified priority groups are extrapolated from statewide estimates provided by CT DPH.

\*\* This figure may need to be adjusted significantly pending actual supply and demand during influenza season.

**EHHD Distribution Scenarios**

